

Long Term Follow-Up, Clinical Outcomes and Quality of Life after Total Arterial Revascularisation versus Conventional Coronary Surgery: A Retrospective Study

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Abstract : Graft patency underpins long-term prognosis after coronary artery bypass grafting surgery (CABG). The benefits of the combined use of only the left internal mammary artery and radial artery, referred to as total arterial revascularisation (TAR), on long-term clinical outcomes and quality of life are relatively unknown. The aim of this study was to identify whether there were differences in long term clinical outcomes between recipients of TAR compared to a cohort of mostly arterial revascularization involving the left internal mammary, at least one radial artery and at least one saphenous vein graft. A retrospective analysis was performed on all patients who underwent TAR or were re-vascularized with supplementary saphenous vein graft from February 1996 to December 2004. Telephone surveys were conducted to obtain clinical outcome parameters including major adverse cardiac and cerebrovascular events (MACCE) and Short Form (SF-36v2) Health Survey responses. A total of 176 patients were successfully contacted to obtain postop follow up results. The mean follow-up length from time of surgery in our study was TAR 12.4 \pm 1.8 years and conventional 12.6 \pm 2.1. PCS score was TAR 45.9 \pm 8.8 vs LIMA/Rad/ SVG 44.9 \pm 9.2 (p=0.468) and MCS score was TAR 52.0 \pm 8.9 vs LIMA/Rad/SVG 52.5 \pm 9.3 (p=0.723). There were no significant differences between groups for NYHA class 3+ TAR 9.4% vs. LIMA/Rad/SVG 6.6%; or CCS 3+ TAR 2.35% vs. LIMA/Rad/SVG 0%.

Keywords : CABG; MACCEs; quality of life; total arterial revascularisation

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